

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
NOTIFICATION OF NAME CHANGE

The California Department of Consumer Affairs may recognize a name change by an applicant or licensee if that name is now his or her legal name for all purposes and if the change is not made for fraudulent purposes and is not misleading to the public.

Important Submission Information: Submission of this form will serve as a notification of a name change to all California Boards and Bureaus operating on the BreEZe system. Incomplete packets will not be accepted or returned.

If you need a license printed with your new name, please submit an Application for Replacement License form and appropriate fees. The form can be found on our website at www.BVNPT.ca.gov.

Mail to: Board of Vocational Nursing and Psychiatric Technicians
2535 Capitol Oaks Drive, Suite 205
Sacramento, CA 95833

SECTION A: NAME CHANGE INFORMATION

Former First Name	Former Middle Name	Former Last Name
New First Name	New Middle Name	New Last Name
Last Four of SSN#	License #	Date of Birth (MM/DD/YYYY)

SECTION B: DOCUMENTATION REQUIREMENTS AND OPTIONS

You must submit photocopies or electronic copies of the following two required documents. Check the boxes of the documents you are providing and attach copies.

A current government-issued photographic identification
(e.g., driver license, alien registration, passport, etc.)

AND

One of the following legal documents as proof of name change.

- Certified Court Order
- Marriage Certificate
- Dissolution of Marriage (Divorce)

SECTION C: PERSONAL ATTESTATION

I declare under penalty of perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license by the Department of Consumer Affairs or submitted an application.

I hereby certify that the name change is not made for fraudulent purposes.

X _____